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THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating

THE LOS ANGELES JOURNAL OF ELECTRIC MEDICINE
AND THE CALIFORNIA MEDICAL JOURNAL

ISSUED MONTHLY

DECEMBER, 1920

O. C. WELBOURN, A. M., M. D., Editor
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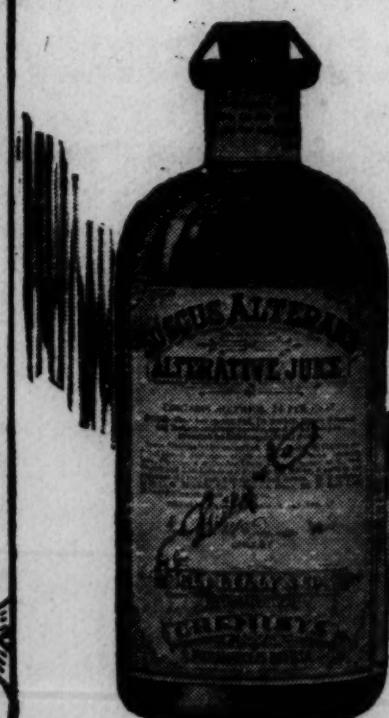
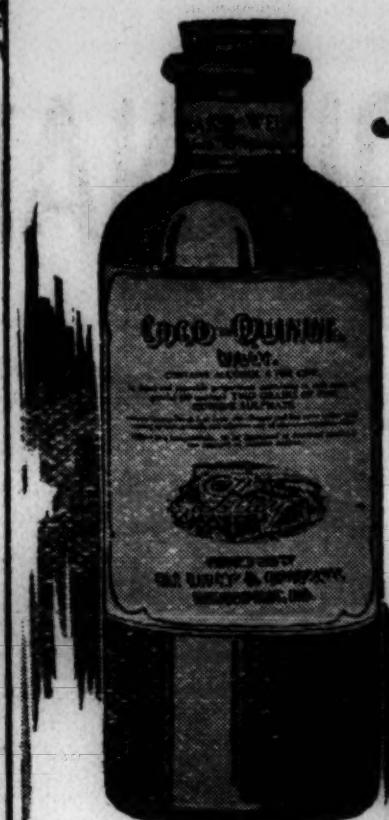
The effect of this is to bring the Adrenalin immediately into contact with the larger arteries and the heart. Sometimes, even in apparent death, the heart will resume its contractions, thereby distributing the Adrenalin through the

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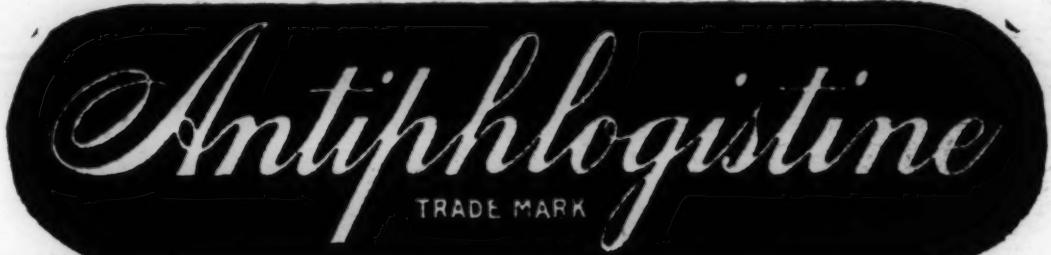
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Quotations from Doctors: No. 7

"The majority of cases of pneumonia, in my experience of thirty years' medical practice, have had more or less pleuritic complications.

"I presume this is the experience of my colleagues.

"The most grateful application that can be made to a patient suffering with pneumonia is a warm



poultice under a moderately firm binder or jacket. Its action is, first through the superficial vessels, and then more slowly but just as efficiently on the deeper congested parts."

J. A. H., M. D.
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Retake of Preced

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SUMMARY OF REPORTS FROM ONE THOUSAND PHYSICIANS

Remedies named as most useful in INFLUENZA

Aconite	788
Gelsemium	772
Bryonia	707
Macrotyls	384
Veratrum	353
Eupatorium	328
Lobelia	324
Asclepias	268
Ipecac	236

Remedies named as most useful in PNEUMONIA

Bryonia	723
Aconite	617
Veratrum	576
Lobelia	468
Ipecac	411
Asclepias	366
Gelsemium	293
Belladonna	169
Sanguinaria	134

Many physicians found it impossible to name any remedy as of "most importance," stating, very truly, that each is "most important" when its use is indicated. Others named two or more as most serviceable, giving usually the conditions under which each was used. For example, "Gelsemium is most frequently indicated, but where sepsis is marked, Echafolta or Echinacea becomes most important." A typical answer, often made, is as follows: "In nearly every case I find indications for three remedies—Gelsemium, Macrotyls and Eupatorium." Again, "Aconite for fever, Eupatorium for bone-ache, and Macrotyls for muscular soreness."

EXTERNAL APPLICATIONS

Libradol	618	Camphorated Oil	62
Compound Emetic Powder	185	Onion Poultice	38
Turpentine Applications	110	Iodine Applications	14
Antiphlogistine	96	Scattering	120
Mustard Applications	72		

Under "Scattering," are included many private prescriptions, as well as such applications as "mush jacket," "flaxseed poultice," "quinine and lard," and one each of the following: "capsicum, mustard and tar," "tobacco and wheat flour," "snuff and black pepper." "Dry cupping" finds one advocate.

It is often stated: "When I cannot get Libradol I use the best attainable substitute," hence many of the above may be considered as emergency applications.

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LLOYD BROTHERS.

Cincinnati, Ohio, March, 1919.

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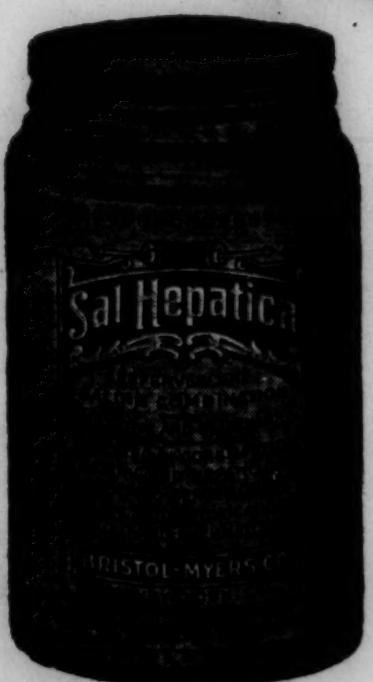
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Samples and Literature will be sent to physicians when requested.

The California Eclectic Medical Journal

Vol. ~~XIX~~ DECEMBER, 1920 No. 12

:: Original Contributions ::

PEDIATRIC HINTS.

D. A. Stevens, M. D., Los Angeles.

(Read before the California Eclectic Medical Association.)

Numerous times I have found it necessary to empty the stomach of a baby who had swallowed kerosene or gasoline. I have found it better to use physical means rather than drugs. Placing the child on the left arm, face downward, forefinger in the mouth, well into pharynx while the right hand compresses the stomach. Kneading movements secures child in position and are very effective. Lobelia and ipecac do not seem to have the same emetic action in infants as adults. I find, however, that a child will go into a sound sleep quickly after giving 10 to 30 minims of specific lobelia. I tell the parents that the child may throw the medicine up, in fact we expect it to do so, but if not it is just as well, and it is surprising how much they will keep and sleep peacefully on, waking in two or three hours, normal in every way. I do not care to give apomorphia to small children—it is too heroic in action.

Turpentine. Stop! look! listen! Like railroad crossings it is dangerous. The common use of same as a household remedy is to be deplored. Recently I was called in consultation on a 7-year-old boy. Pneumonia with typhoid complication. Child delirious, every few minutes he would have paroxysms of pain in bladder, grasping with hand over pubes and crying aloud. Doctor and parents alarmed as to prognosis. Stopped the use of turpentine to chest. Tr. Corn Silk for bladder irritation and symptoms soon subsided. In all colds or chest conditions, complicated with irritation of urinary organs, think of, and look for turpentine.

Pink Eye. Pink Eye has a way of sweeping the Imperial Valley every winter and causes much suffering both with

children and adults. Owing to regulations introduced into our schools we succeeded in checking its ravages to a marked degree. The routine remedy by other physicians was argyrol 25%. My Rx was Argyrol dr. j. Sulph. Carb. Zinz gr. iv, Aqua Oz. j. or Rx Sulph. Carbr. Zinc Gr. iv, Boracic Acid gr xx, Colorless Hydrastis dr. j. Aqua oz. j. Irrigate every three hours as long as pus shows in eyes. Zinc will cure when argyrol fails, as was demonstrated many times.

Children with red eyes, temperature, sore throat, flushed face, pain or any apparent change from normal were sent to my office for examination and with a note returned to school or sent home. A child with any contagious disease not allowed to return without a statement from me giving permission. We had the best attendance percentage ever attained up to this winter. If you are the health officer in your town give a little time to school inspection, it pays.

Stomatitis. Stomatitis of the aphous or follicular variety, known to the laity as canker sore mouth, is a painful disease, complicating teething. The child will refuse to eat and cannot sleep well. It is important to alleviate pain and cure as soon as possible. What will we use? First thought, boracic acid and antiseptic washes will not do, it is not a germ disease. We fall into the habit of swatting the germ for most everything, but this time he is not in evidence. What is the cause? The stereotyped reply is, "stomach trouble." Almost as bad as the laity who connect stomatitis with stomach because of the similarity of words. I think I can speak from a life time of experience, personal as well as observation, when I claim that there is no connection between a disordered digestive organ and stomatitis. Holt claims it to be a nervous disease, more particularly the trophic nerve. I think this the nearest guess yet. I feel sure in my own mind that cold sores or Herpes Labialis is Herpes Zoster. Herpes of any location and the condition called Follicular Stomatitis are identical and I would call it Herpes Buccalis or Lingualis. The same burning pain is characteristic and ordinary cases, untreated, run about the same course. If child is old enough the best remedy is to touch with Sulphuric Acid, U. S. P. on tooth pick, one application as a rule being sufficient, the pain stopping at once. If too small, or too many of the ulcers present (at times there may be fifty or more), swab with strong solution of Copper Sulphate every two hours. This is effective but takes longer and does not allay pain so quickly, and taste is not pleasant. Thuja and hydrastis, equal parts, as swab is next best, taste not pleasant, not a quick cure, but good. Alum, tannic acid,

iodine, iron and other astringents have some merit but not the remedy of choice.

Enuresis. For enuresis all of the drug treatments have been found wanting in my hands. Fragrant sumach, belladonna, equisetum, and the whole lot singly and in combination are of only occasional value. I have recently tried pituitrin up to one mil, hypo, every three days, with some improvement in a very obstinate case. It is hard to get children to stand for the hypo and burning sensation following injection.

A thorough stimulation of the sacral nerves by manipulation and flattening abnormal curve to sacrum will cure 95% of the cases quickly. Treat every second day or daily if you choose. This disease is due to undeveloped or weak nervous control of neck of the bladder. Circumcision does not cure. Masturbation is not a cause as some claim. The only connection that lies here, is, that in later life, bedwetters furnish the patients who develop sexual weakness, impotency and etc., owing to congenital weakness of pelvic organs.

CHRONIC INTERSTITIAL NEPHRITIS.

P. M. Welbourn, M. D., Los Angeles, California.

(Read before the Los Angeles Eclectic Medical Society.)

Chronic interstitial nephritis, renal cirrhosis, or chronic Bright's Disease may result from long continued diffuse nephritis but more often such cases are essentially interstitial and atrophic in character from the very beginning, and, moreover, are the outgrowth of totally opposite conditions of the system and habits of life from those in chronic diffuse nephritis.

Primary interstitial nephritis is one of the most stealthy and insidious of all diseases in its manner of approach, giving rise to few, if any, noticeable symptoms until in progress for a number of years—often ten to fifteen. The lesions, though widespread, including the heart and arterial system, are yet almost imperceptible in their manifestations in the early stages; at the same time they are slowly progressive and permanent in character.

In typical cases of chronic interstitial nephritis we may look for the following conditions. Patient past forty years, previous condition of health good, skin dry, clear, pale and myxoedema like. Patient habitually rises once, twice or oftener at night to void urine which, to the eye, appears normal in its transparency and color and often is normal to the

ordinary clinical examination. The pulse is full and hard (never weak); certain sounds of the heart may be accentuated. Disorders of vision, and especially of hearing are common some time during the course of the disease, not very frequently early, but almost certain in late stages. Attacks of post-cervical neuralgia and neuritis in the shoulders is very common, almost characteristic, also diarrhoeal attacks, which mark eliminative efforts of the system, occur. Dropsy is absent.

The microscopical appearance of the kidney is typical. The most striking feature of the picture is the enormous increase in connective tissue but a closer study reveals the fact that this increase is only relative due to the disappearance of functional parenchyma. Not an inconsiderable part of the mass of tissue that at first sight appears to be connective tissue consists of epithelial cords representing former tubules, for no tubule or glomerulus which once existed ever disappears entirely unless there is a necrosis, which is not the case in this condition. Many tubules are fairly normal so far as the character of the epithelium is concerned, and were the tubules that were functioning at the time of death. Other tubules, some enlarged, and others more normal in diameter, show atrophied or degenerated epithelia. Many areas show fibrosed glomeruli, tubules atrophied to mere epithelial cords, and increased connective tissue stroma. There are in reality two classes of non-functioning tubules, both of which have atrophied epithelia. In one case the actual diameter of the tubule may be increased, and in the case of the other the lumen, if there can be said to be a lumen, is almost ultra-microscopic in size. In the case of the latter these cords are separated by considerable connective tissue, while in the case of the former there is little if any increase in the stroma. But the important point is that, so far as the function of the organ is concerned, so far as the pathologic condition of the pathologic condition is concerned, the two areas are the site of the same processes, the difference being that in the case where there is a reduction of the size of the tubules there is an increase in the connective tissue between the tubules, but where there is no reduction in the size of the tubule there is no increase in the connective tissue—a fact which, in itself, would lead us to conclude that the steps in the formation of the condition known as chronic interstitial nephritis are a reduction in the amount of parenchyma, followed here, as in all parts of the body, by an increase of the surrounding connective tissue.

Urine. In early chronic interstitial nephritis the quantity is slightly decreased, and continues to decrease as the disease progresses. The specific gravity of the urine, night and day specimens, does not show the usual variation and eventually becomes fixed, and is low but not markedly so. The urea as compared with the specific gravity relatively and absolutely decreases. The phthalein output grows less and less; accordingly the urea, uric acid and non-protein nitrogen in the blood increases. Albuminuria is notoriously intermittent and positive tests are often very difficult to obtain. Except in the late stages of the disease, the quantity of albumen which may appear is always small and may disappear entirely over long periods. Some cases never show the presence of albumen. Casts, which may be present, are few in number, very small in diameter, and show hyaline in character, and exceedingly difficult to find. The crystalline deposit in the urine consists chiefly of uric acid and calcium oxalate, both of which are often found together—the urine being sharply acid. Renal epithelium and cellular elements are rarely observed.

On the whole, the urinary sediment in this lesion is remarkably small in quantity and practically free from cellular elements, save those common to normal urine.

Prognosis and Treatment. If we conform here to the custom of naming like conditions in other parts of the body, we should call this disease, senile nephritis. Therefore, the prognosis as to eventual cure is unfavorable. These patients are particularly susceptible to other diseases which often cause death. Eliminative treatment which will aid the kidneys and decrease the auto-intoxication, is indicated. The hypertrophy of the heart is a physiological condition as well as pathological. The arterial condition is probably the cause of the gradually increasing deafness which is often present. If the patient does not succumb to an intercurrent disease, the end is usually in coma after many years.

SPECIFIC MEDICINE RHUS TOX.

H. Ford Scudder, M. D.

Specific Indications. "Sharp stroke of pulse; sharp burning pain; pain in frontal region and over the left orbit; tongue showing small red points on upper surface of tip."

Rhus tox. is one of our most frequently indicated remedies. It is most beneficial in all cases showing symptoms of nervous unrest, in cerebral irritation, with sharp, frequent pulse and pinched expression about the eyes; especially in

children who awaken with a sharp, shrill cry. *Rhus tox.* is called for in all fevers where we have a hard, sharp stroke to the pulse, in acute inflammation with bright redness of the skin, extreme soreness, and sharp burning pain with great local heat. Irrespective of the name of the disease, whenever there is pain in the head, especially over the left eye, a sharp, quickened pulse, burning in the eyes, red pointed tongue with prominent papillæ at the tip, deep red mucous membranes, always use *Rhus tox.* Use it in typhoid fever and other diseases with typhoid symptoms where the tongue is dry, red and elongated, with prominent papillæ at the tip, dry red mucous membranes, sordes on the teeth, tympanitic abdomen, tendency to delirium, flushed face and bright, restless eyes. Through its decided antiseptic properties it overcomes the disease processes, and has a soothing effect on the cerebral irritation, including rest and quiet. In scarlet fever, measles and smallpox, indications for *Rhus tox.* are frequently present, to control the extreme restlessness before the appearance of the eruption, and in the latter stages, for the livid skin, red, glazed tongue, offensive breath, acrid, offensive discharges and failing vitality. Always use *Rhus tox.* in the first stages of acute erysipelas, especially of the head or face involving the cellular tissue; and in all irritations of the skin, with burning, tingling sensations.

In the treatment of rheumatism and rheumatic affections, especially acute inflammatory rheumatism, *Rhus tox.* has a wide field of usefulness. It possesses a direct influence upon the tendons, nerve sheaths and fascia. It is indicated when the pain is aggravated by rest and the application of heat, and is generally more valuable in the acute, than in the chronic forms of rheumatism. Combining it with Specific Medicine *Macrotyls*, use it in all forms of muscular rheumatism, also for the stiff joints or partial paralysis of the limbs following rheumatism.

Rhus tox. has a decided influence on the glandular system, and has been successfully employed in the treatment of old ulcers with red, glistening edges, in carbuncle, inflammation of the submaxillary gland with hard induration, and in scrofula and syphilis, with tumid, red, shiny swellings.

Combined with Specific Medicine *Aconite*, *Rhus tox.* is valuable for dry, tickling, persistent bronchial cough. It has a decided anti-spasmodic influence, and is especially valuable in infantile convulsions, and in cerebral irritation or engorgement due to gastric or intestinal irritation. It is useful in acute spasmodic abdominal pain, and in nervous reflex vomiting when the tongue is pointed, with reddened tip and edges.

SPECIFIC MEDICINE DIOSCOREA

H. Ford Scudder, M. D., Los Angeles

Specific Indications. "The skin dry, the abdominal muscles contracted, constant pain with exacerbations."

Dioscorea is indicated by a coated tongue, increasing paroxysmal pain in the abdomen, gastric derangement, dry, yellow skin, tender and contracted abdominal muscles. Often the pain extends throughout the body, and there is more or less distension of the abdomen. Dioscorea is also valuable in treatment of nerve irritation, with tendency to spasms.

Dioscorea is classed as an anti-spasmodic and anodyne, and is extensively used in all acute diseases where griping, colicky, abdominal pain and tenderness are the leading symptoms. It is considered a specific in the treatment of bilious colic, for catarrhal conditions of the common bile duct, for the pain in the passage of gall stones in the milder cases, and for the pain following the passage of gall stones. It relieves spasmodic pain promptly, and its action is positive in overcoming pain and muscular spasms of the intestinal tract; hence its frequent use in the treatment of cholera morbus, cholera infantum, diarrhea and dysentery. In acute cases, give Specific Medicine Dioscorea, gtt. v to gtt. x. in hot water, every five or ten minutes until relief is obtained, then less frequently. For colicky pains in children give smaller doses, gtt. i or ii of the Specific Medicine, every half hour.

Besides its anti-spasmodic uses, Dioscorea possesses other valuable qualities. Try the Specific Medicine in doses of gtt. i to ii, every hour or two, for the nausea and vomiting of pregnancy. It is equally as effective for the relief of nausea and vomiting due to gastro-intestinal irritation, in flatulent distension of the stomach or abdomen accompanied by griping, cutting, sharp pains, sometimes extending to the chest or limbs, much rumbling and belching of offensive gas.

To modify the afterpains of labor, use Specific Medicine Dioscorea, either alone or combined with Specific Medicine Cannabis. In the treatment of the various forms of painful menstruation, and for chronic ovarian neuralgia, Specific Medicine Dioscorea is one of our most essential remedies. It is also valuable for its pain relieving effect in gastralgia, pain in the uterus, spasmodic pain in the bladder and rectum, in sciatica and some forms of facial neuralgia.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the Southern California Eclectic Medical Association and the Los Angeles Eclectic Medical Society.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 819 Security Building, Los Angeles, California. Original articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE NEXT MEETING OF THE NATIONAL

The officers of the National Eclectic Medical Association are busily engaged with its affairs. Not the least of which is the preparation of the program for the next meeting. The reputation of these men guarantees that an intelligent and persistent effort will be made to make a successful year of their administration. However, it must not be forgotten that there is much work for each of us to do. For instance the preparation of a paper. It is not too early to begin to think about it. By selecting a topic at this time abundant opportunity is afforded to "think it over" during the leisure moments. With matured thoughts, logically arranged, the actual writing of a paper becomes a comparatively easy matter.

The fact that the next meeting will be held in Colorado Springs should be of particular interest to those of us who live "out West." By reason of its comparative nearness many of us should be able to attend, who at other times have found it to be impossible to do so. Moreover, from a tourist point of view, there are many things to be seen and enjoyed.

MACROTYS RACEMOSA.**T. S. Hodge, M. D., Torrington, Conn.**

This plant is also known as cimicifuga, rattleroot, black snakeroot and squaw root. It is a tall, leafy, perennial herb, having a large knotty root with long slender fibers and a simple, smooth, furrowed stem from three to nine feet high.

Habitat.—Common everywhere from Canada to Georgia, growing in rich open woodlands and upon hillsides, but avoiding very wet or rocky places. When in bloom its long and graceful racemes form a conspicuous feature of the localities where it grows.

Parts Used.—The rhizome and rootlets.

This is an exceedingly powerful and useful remedy. Its influence over the nervous system is marked, it having been successfully used in epilepsy, nervous excitability, asthma and many spasmodic affections; in acute muscular rheumatism; in muscular pains, and uterine pain with tenderness. Scudder recommends it as an anti-rheumatic when the pulse is open, the pain paroxysmal, and the skin not dry nor constricted.

As a remedy for amenorrhea its action is marked, and I have often administered it in combination with pulsatilla with satisfactory results.

As a partus preparator, administered three or four times a day for two or three weeks prior to confinement, it assists very much during delivery. As a partus accelerator its action is very marked.

As a remedy for dysmenorrhea, in combination with pulsatilla, and administered three or four times a day for one week before the expected period, its action is very satisfactory.

Webster recommends it in "mental depression associated with uterine disease; mental depression accompanied with rheumatic pain; mental depression and tremulousness following overwork and active dissipation; delirium tremens and bad effects of opium." Dull, aching pain, with tendency to metastasis aggravated by eating and drinking, a sensation as of a hard lump in the stomach with the walls contracting, in persons with a tendency to muscular rheumatism, as indicated by a history of former attacks, would call for this remedy.

In pleurodynia, this remedy, in combination with bryonia, is successfully used. Muscular pain may be one of the first symptoms of cardiac disease, especially cardiac rheumatism, and macrotys is one of the most positive remedies we have in this condition.

Ovarian pain or irritation also calls for this remedy. In

pain in the mammary glands, ovaries or uterus, macrotys should be one of the first remedies thought of, and in nearly all cases of this character proves an important means of cure. (National Quarterly.)

ECHINACEA, PHYTOLACCA, IRIS AND VEGETABLE ALTERATIVES IN THE TREATMENT OF SYPHILIS.

G. Allison Hinton, M. D., Hot Springs, Ark.

Specific echinacea, phytolacca, iris and kindred vegetable alteratives have been used by our school of medicine in the treatment of syphilis for many years, and by many very good therapeutists. In fact, today the majority of us use these remedies. Situated, as I am, in a place world-renowned for curing syphilis, I find the results of treating this dread disease with the so-called vegetable alteratives to be negative in 95 per cent of the cases, and I have arrived at this conclusion from a tabulated record of several thousand cases. In my first five years' practice at the Springs I used no mercury or potassium iodide, furnished my own medicines, and relied on vegetable alteratives for results, and I must tell you I have been universally disappointed except in primary syphilis, where I could have secured favorable results without any treatment except hygiene and baths. In fact, I have treated many cases of tertiary syphilis who have at some time in the history of their case been treated by some of my Eclectic brethren, and who had entirely relied on echinacea, phytolacca, iris and kindred vegetable alteratives, but the patient was not cured, and came to Hot Springs for treatment. I have in my mind a case that came to me the past winter, suffering with the tertiary lesions, that had been treated in this city twenty-two years ago by one of the Eclectics, that yielded nicely to other than vegetable alteratives.

Now, gentlemen, I may be stirring up a hornets' nest in this my stand against these remedies in treating primary and secondary syphilis. However, I am speaking from my case record, and from an experience that few have had. You will ask, if I have not relied on these specific remedies, what have I used in treating these cases? I have been depending on the biniodide of mercury, in a non-irritating neutral menstruum, that I inject deep into the gluteal regions, following this in most cases with an iron tonic, using hygienic measures and bathing as an eliminator. I have in some few cases used the unguentum hydrargyri, and have secured fairly satisfactory

results. However, owing to the uncertainty of the dose (as the ointment treatment is always empirical), as well as the filthiness of this form of medication, I have discarded it entirely, and now depend on the subgluteal injection, and feel as positive that the mercury is indicated in the destruction and elimination of the spirocheta pallida as are the indications in any one pathological condition for any specific medication. As to the dosage, in all these cases treated I have secured very satisfactory results in from twenty to thirty injections of twenty to thirty drops of the biniodide, 1 per cent, solution. This, you will notice, is, as a whole, a very small amount of mercury, and cannot be accused of doing great damage to any tissue, as it is universally eliminated by hot bathing. Mercury does not remain in the system, as many would lead you to believe. This treatment I follow up with iron and vegetable tonics, thus soon restoring my patient to a healthy condition. I do not see any contraindications for specific echinacea in the treatment of syphilis. In fact, I use a great deal of these specifics in connection with the iodides, my favorite prescription being specific echinacea, ounce one, to syrup hydriodic acid, ounces seven; dose, dessertspoonful before meals. I use this in conjunction with the subgluteal injection of mercury biniodide.

Now, it is useless for me to warn you as Eclectics against the use of mercury protoiodide. Hundreds of cases come to us at the Springs who have been filled with mercury protoiodide during the primary stage or on suspicion of an infection of syphilis, whose real symptoms are so masked that a correct diagnosis is impossible. You will ask, "Why send a case to Hot Springs if the simple injection of mercury biniodide will cure them?" My reply is, the water from the Springs being a very strong diuretic as well as a diaphoretic, is consequently an eliminator equalled by no other water in the world. In fact, it is from our means of eliminating and unloading that we secure such marvelous results. (National Quarterly.)

FOOD FOR THE GROWING CHILD

By a New York Pediatrician

The selection of a diet for children is a problem not easily solved by formulas of scientific exactness alone without recourse to modifications dictated by expediency. It is well to educate parents and school children as to the fundamental needs of the growing body, but if advice touches too strongly on food values and too little on the palatability of a diet one

may as well be convinced beforehand that the linking of economy to nutritious substances of high caloric efficiency will be a failure. Oatmeal porridge is an excellent food, but if one were to try it for the first time as it is served in restaurants it is doubtful if he would believe that the same article of diet could be the light, soft, flaky substance as prepared by a competent cook and served hot with a little sugar, milk and cream. Children, left to themmselves, are wary of untried foods and primarily are guided to a choice by their sense of taste, secondarily by the satisfaction that a drinkable or edible substance gives to the pangs of hunger. Few children take kindly to the efforts made in their behalf to promote good nutrition by careful supervision of their diet; it takes time and tactful management to make wholesome eating a habit they will not break—time and attention that are often difficult to bestow in the large family of the average workman. The high intelligence and versatility requisite to the making of a good housekeeper and mother who is mistress of herself and kind but firm with her children are not found often in any walk of life.

Although the canned foods and the delicatessen wares are in many ways a blessing to the busy housewife they may be and frequently are almost as great a menace to the health of children as are the pushcarts and stands where beverages and sweetmeats are sold. All of these things have come to stay, however, and if physicians merely preach against them while they are seeing the ravages they cause among children their voices will be lost. Is it not far better to select the best of the prepared foods, advocate their use and encourage the home box of wholesome candy, cakes and biscuits where the children may go? It is with these thoughts in mind that the writer is about to suggest a diet sufficiently varied, palatable, rich in all requisites, including the vitamines, and adapted to children without drawing too heavily on a mother's home cooking.

For the infant less than a year old, certified, or grade A milk, properly diluted and enriched by the addition of milk sugar or maltodextrose sugar, is by far the most economical, satisfying and safe food to use as a substitute for breast feeding or after weaning. If the milk be pasteurized, orange juice should be given once a day, an hour and a half after a regular feeding, increasing the amount from a half teaspoonful to as much as two tablespoonfuls, according to age. Strained oatmeal jelly, one to three teaspoonfuls in two or three feedings, may be given after the sixth month. Eggs are

unnecessary during the first year although many infants of nine months will take the cooked yolk and a few the entire soft cooked egg. Milk should be the principal food of the infant and child up to the fourth year and if a quart of milk be added daily to the dietary of a child until the end of the sixth year so much the better.

How much should the milk be diluted for the third, sixth and ninth month periods of the first year? The answer is never completely satisfactory unless it applies to an individual infant. In a general way, however, it may be stated that one part of whole milk to two parts of water for the first two months and equal parts of whole milk and water, with the usual additions of milk sugar or maltodextrose sugar, from the end of the second month to the end of the fifth month will maintain a good nutrition. The amount of whole milk in the dilution should be increased and the water withdrawn gradually until the end of the tenth month when the average infant can take the whole milk, or whole milk with the addition of cereals. Pediatricists are much more liberal with the percentage of whole milk allowed than they were formerly, but the newer formulas carry seasonal dangers.

From the end of the first year to school age the diet should never depart from the simplest lines; always the quart of milk, cheap at almost any price by comparison with the nutritive properties of other foods; whole wheat or white bread with butter, dry toast, a cup of strained soup or puree in which bits of stale bread, toast or cracker may be broken, orange juice, baked or mashed potato with butter, sifted spinach, a gradual extension of the use of vegetables to mashed carrots, string beans, tomatoes and peas; baked banana, stewed or baked apple, plain cake, fruit jellies; eggs, soft boiled, poached, soft fried in good butter, scrambled or omelet; meats—two or three times a week in small amounts, consisting of lamb, beef or chicken, stewed, broiled, roasted or minced with vegetables after being cooked (hash). Fish may be given now and then, preferably fresh white fish, cod or flounder, free of bones, creamed with butter and flour.

Up to school age it should be emphasized that food should not be given raw unless in the form of strained orange or grape juices. Bananas, apples, figs, berries of all sorts, should first be cooked before forming a part of the dietary of children of this age. It is needless to add that tea, coffee, beer and such beverages should also be disallowed. Indeed from five years to puberty tea and coffee should only be used as flavors to hot milk.

After children have arrived at school age the following diet list will be found satisfactory. Breakfast: Orange or a half grapefruit or baked apple, a ready cooked cereal with milk, a slice or two of whole wheat bread with butter, a hot drink—milk or milk flavored with coffee or cocoa.

Mid-day meal: This is a twenty-minute meal on school days unless a school luncheon is served. (1) Eggs, scrambled or fried in good butter or poached and served on toast; white bread (Italian or French) and butter; (2) Boiled, baked or mashed potatoes over which a portion of hot oxtail or vegetable soup (the canned condensed variety will do), has been poured, bread and butter; (3) Buttered milk toast, bread and butter with jam or a stewed fruit (apples, berries, prunes or figs); (4) Soup, bread and butter, slice of cake (package goods of the large bakeries) with a bit of jam or fruit jelly.

When the children return from the afternoon session of school they will be ready for bread and butter and a glass of milk.

Night meal (6 to 7 p. m.): For this meal one must plan to encourage the use of fresh vegetables by providing one or two of the following: Potatoes, spinach, carrots, string beans, peas, tomatoes, asparagus, turnips, cabbage or cauliflower and by way of relish, beets or celery, lettuce or romaine. Canned vegetables must be used when green vegetables are too costly. The piece de resistance is the meat dish; and here is where home cookery tells the tale of palatability, from the savory stew with plenty of vegetables to the thin cut of juicy steak with butter gravy. That is enough for the ravenous. If the pale substitutes that the delicatessen store can offer are served, then the best and safest is roast beef, sliced thin. Desserts creep in and cannot be avoided. Let them be simple—junket or corn starch with stewed fruit; but turn aside from the syndicated pie.

Reasonable objection may be made to placing the heartiest meal of the day for a school child between 6 and 7 p. m. However that may be, the writer has seen more cases of indigestion and poor nutrition arise from bolting a heavy mid-day meal on account of the child's anxiety to return to school than from a substantial, leisurely eaten dinner in the early evening. He has been fortunate in observing many large families of laborers where the children, now grown to sturdy adults, were reared on diets as simple as the one set forth, with dinner in the evening. Quite true, that was prior to the appearance of foods in great variety, prepared ready-to-serve; their palatability, coupled with convenience and the genius of advertising,

has crowded out the home cookery of that period and it is doubtful if the old era will ever return.

If, at frightful cost of life, man has been able to advance from the era of uncooked food to the present age he is bound to continue his feats of adaptation without disastrous consequences. Although the latest achievement in prepared foods as set forth in the advertising cards of the transportation lines may get as many stars as the latest things in silks or collars, there is still hope for the sort of discrimination that will try anything once. (Journal of Organotherapy.)

ROAMED ARIZONA IN EARLY DAYS, DR. MUNK IS VISITING IN CITY

Plodding with the Franciscan missionaries, Juan de la Asuncion and Marco de Niza, through the Arizona deserts nearly 300 years ago, watching the strange dances of the Yuma Indians, following the Spanish soldiery in their excursions from Sonora and California, peering into the remains of a forgotten civilization in the cliff dwellings of the north, sketching the thousand colors limned on the precipitous walls of the Grand Canyon, sitting around the sacred camp fires of the Moki tribe and then following the stealthy Apache in the fastness of the south, journeying with the silver miners to Tombstone and helping to mould the adobe bricks for the first houses in Tucson and Phoenix, five men met in the office of the state historian at the capitol building yesterday and linked the present with the past in a panorama of history that stretched from the eastern border of New Mexico to the shores of the Pacific and from Montana to Chihuahua.

The center of the group was Dr. J. A. Munk, historian, horticulturist and book collector, whose collection of Arizona includes more than 15,000 volumes and who has been an authority upon the southwestern United States for thirty years. With him were Col. James H. McClintock, state historian, whose "History of Arizona" ranks with the best state histories in the land; Waldo Emerson Twitchell, the greatest living authority on New Mexico; Emry Copta, sculptor and authority on the Moki and Navajo Indians; and Walter Ingalls, son of Adjt. Gen. Walter S. Ingalls.

This is one of Dr. Munk's regular excursions to Arizona. Since 1884 he has made trips into Arizona from California every year, collecting data of the early history of the state, talking with its pioneers, examining its natural wonders, and building up his knowledge of this part of the world until today

it is said to excel that of any other citizen of the southwest. Meeting with Twitchell, Copta, McClintock and Ingalls, he went into executive session with them yesterday in a conversation that began early in the afternoon and ended last evening at Colonel McClintock's long after men who have not so much to talk about were fast asleep.

Dr. Munk's personal story alone is an interesting one. Born in Ohio in 1847, he lived also for some time in Missouri and Kansas. In 1884 he and his brother, Judge E. R. Monk, came to Arizona and developed a large ranch near Willcox, Cochise county. Dr. Munk continued on to California, where he resumed the practice of medicine begun in the east, but with his love of Arizona unabated. Every year found him back here fathering material for his books, looking for old volumes on the southwest and increasing his genral stock of information. In 1901 he began an intensive study of the northern part of the state, including the Grand Canyon, the northern Indians, the Petrified Forest and the cliff dwellings, though he never lost his interest in the state as a whole.

It was impossible for a man to spend his life in this manner without wanting others to know of his discoveries and to enjoy the things that have pleased him. In 1900 he published his "Arizona Bibliography," which was republished in 1908 and 1914. In 1905 he completed "Arizona Sketches," and in 1916 he published a volume of musical compositions, which included works which he had prepared in his young manhood. His latest book, "Southwest Sketches," is just off the press and the first volumns are now on their way.

He has always retained his interest in his range in Cochise county and has supplemented this by the establishment of an unique garden at Compton, Cal. Here he has devoted himself to cultivating the floral and arboreal life of the eastern states, and especially of those states in which he lived as a boy, thus bringing side by side the flora of the east and of California. In this garden he has also devoted space to the cultivation of what he calls his "materia medica garden," which is given over to hundreds of varieties of medicinal plants and herbs gathered from all parts of the world.

During all the time that Dr. Munk has been in the west his library of Arizona books has grown steadily until his collection today numbers more than 15,000 volumes. This collection, to which he is adding continually, has been donated to the Southwest museum at Los Angeles. It is housed in the famous Caracol Tower of the museum, where it takes up an entire room. So valuable is the library and so comprehensive

in Arizoniana that Colonel McClintock found it of inestimable assistance while writing his "History of Arizona," and so spent more than three months in Compton while preparing his history.

In the discussion held yesterday in the state house, history and art, folk songs and dances, all the fact, all the comedy and tragedy and interest of the history of the southwest during more than three centuries were touched upon. Of chief importance, however, was an examination of the data of the period between the Mexican war and the Civil war, or, more distinctly, the period between 1846 and 1864, during which the affairs of Arizona were administered from New Mexico, and during which also the existence of Arizona as a separate geographical and political division suffered an interregnum.

This discussion then led up to a discussion of the time when New Mexico extended through to California and also included the southern part of Nevada. The conversation resulted also in the promise of a gift from Mr. Twitchell to Colonel McClintock. This is to be one of the original manuscript orders issued by Governor de Ansa of New Mexico, the Spanish captain who at one time commanded the presidio at Tubac, near Tucson, and who broke the first trail from Tubac to California, where he founded the city of San Francisco. For his success in this mission he was given the governorship of New Mexico.

The so-called "early days" of the white settlers—the founding of Tucson and Phoenix, the discovery of silver at Tombstone, the exploitation of the great cattle ranges of the north—were also topics of conversation during the afternoon and included even a repetition of Captain Kitchen's famous description of the road to Sonora:

"Tucson, Tubac, Tumacacori, and to hell!"

Dr. Munk, who is a guest at the Adams hotel, plans to remain in Phoenix for about a week, during which he intends to make a number of automobile trips with Col. McClintock to places of historical interest in Maricopa county.—The Arizona Republican.

A PLEA FOR AN ENDOWED MEDICAL COLLEGE

Editor Journal:

In the Journal of September, 1920, was noted the publication of a letter from the Council of Medical Education of the National Eclectic Medical Association over the signature of the Chairman, Dr. T. D. Adelman. Also in the issue of Octo-

ber, 1920, appears a letter addressed to the Alumni from the Dean and Secretary of the Eclectic Medical College of Cincinnati. The purpose of both letters is an appeal for contributions to build up an endowment fund which will make it possible to improve this college to a point of highest efficiency, satisfying the demands of modern standards in medical teaching institutions, and which will presumably guarantee the financial future of the institution.

Those who overlooked these notices are admonished to look up these copies of the Journal, read the letters and give the matter serious consideration, with a view of determining whether or not we are to have a part in preserving this institution as a living monument to the important contributions of Eclectic physicians to Medical Science in the past, and as a signal exponent of progressive medicine in the future.

The writer does not happen to be an alumnus of this college, but believes it to be a worthy institution and is in hearty accord with the spirit prompting the appeal and has only words of commendation for those who have sacrificed and carried the burden in the past. However, we must face the well-recognized fact that in these days a medical college, if unsupported by adequate endowment, will have troublous times ahead. Therefore, to get the question before the house, we wish to declare ourselves for an endowment and nothing else. We believe that before a financial campaign of this character is undertaken the prospective contributors should have definite knowledge of the program in the minds of the Council and the college officials. With this in view the following questionnaire is appended, a full, frank answer to which will have a strong tendency to inspire confidence in and loosen the purse strings of our friends on the Pacific Coast:

1. In whom is the ownership and control of the College vested at the present time?
2. If the college is not now under the supervision of our National Association, is there a proposed plan by which that can be accomplished?
3. Has a survey been made of the entire field and an estimate made of the minimum average amount which will be required from each potential friend of the cause?
4. Has it been determined just how large a permanent endowment will be required to furnish an income fully adequate to meet the future needs of the institution?
5. Will the proposed endowment be safeguarded in such a manner that the principal sum cannot be expended, and pro-

viding that the contributions will revert to the donors in case of failure?

6. Is the college self-supporting so far as present current expenses are concerned?

7. The foregoing questions are merely corollary to the main question, i. e., has the whole project been thought out and planned for in a systematic, business-like manner?

We will anxiously await the answers to these questions and if reasonably satisfactory will pledge our utmost endeavor in promoting the success of the endowment. We have had previous correspondence with Dr. Adlerman and we would like to know whether the general sentiment is favorable to the old system of hit and miss contributions or whether a genuine endowment meets with popular approval. Let us hear from others.

HARRY V. BROWN, M. D.

SOCIETY CALENDAR

National Eclectic Medical Association meets in Colorado Spring, June 21-24, 1921. H. W. Felter, M.D., Cincinnati, Ohio, President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets May, 1921, D. A. Stevens, M.D., Los Angeles, Cal., President; Dr. W. E. Daniels, Long Beach, Cal., Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on first Tuesday of each month. P. M. Welbourn, M.D., Los Angeles, Cal., President; C. Ohnemuller, M.D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in October, 1920. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

NEWS ITEMS

Dr. J. A. Munk, Los Angeles, has returned from a week's visit in Arizona.

Dr. and Mrs. E. L. Welbourn have arrived from Indiana to spend the winter with their son in Van Nuys, California.

We have had several letters of inquiry from Eclectic physicians in the East wanting to come to California. If any one knows of any particularly desirable locations we should be glad to know of them.

Dr. H. W. Crook, Big Pine, spent several days in Los Angeles last month, when he brought a patient to the Westlake Hospital.

Dr. C. Ohnemuller, Los Angeles, enjoyed a vacation in Northern California last month.

Dr. Orah K. Allen, San Francisco, was in Los Angeles a few days last month en route home from a trip to New York.

PROTECTION AGAINST WINTER COUGHS

One of the disadvantages of the cold season which persons of reduced vitality must suffer, is their increased susceptibility to colds and coughs. Old people especially, are unusually prone to bronchial inflammations during the winter season.

Many physicians insist upon the older and weaker members of their clientele, who have this susceptibility to bronchial conditions, anticipated in this season of coughs by beginning the regular and continued use of Cord. Ext. Ol. Morrhuæ Comp. (Hagee). This agent not only has a general reconstructive power as a result of which the resisting powers of the entire body are improved, but further than this it seems to exert a selective influence upon bronchial tissue, further fortifying it against inflammations and infections.

The use of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) as a protection against colds in the aged and weak persons in general has proven of high advantage, and is a routine practice with many physicians.

Your Debilitated Patients

need especial attention during the next few months to fortify them against the prevalent diseases of Fall and Winter. The defensive forces of the body need to be reinforced, and to accomplish this, good hygiene, the best of food, and a dependable tonic are essential. To meet this last need

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has no superior.

Probably no other remedy enjoys the confidence of more physicians than Gray's Glycerine Tonic. The reason is plain, for they know it will do what they expect it to—that they can count implicitly on its increasing functional activity throughout the body, improving the nutrition, and raising the vital resistance.

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or other continued illnesses, points plainly to the need for a somnifacient that will produce the desired effect without depressing the vital processes.

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CLUB RATES

The various Eclectic publishers have decided to renew their special club offers to December 1, 1920, on a straight 10 per cent reduction, where two or more journals are ordered at one time. If you are not familiar with any of these journals, samples may be obtained on request.

	Club Price.	Rate.
California Eclectic Medical Journal, 819 Security Bldg., Los Angeles	1.00	.90
Eclectic Medical Journal, 630 W. 6th St., Cincinnati, Ohio	2.00	1.80
National E. M. A. Quarterly, 630 W. 6th St., Cincinnati, Ohio	1.00	.90

You may subscribe to any or all of the above journals through this office, the only condition being that subscriptions are paid in advance and 10 per cent discount allowed on an order for two or more, including this Journal.

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Many of our patrons have noted with pleasure the marked pharmaceutical improvement in these standards, as shown by their appearance at the present time, contrasted with that of the past.

LOBELIA OIL. For example, Oil of Lobelia, made from lobelia seed, which contains a large amount of fixed oil, was formerly of a dirty-brown color, and a quite unpleasant odor. Through experimental research, including improvements in process of manufacture and apparatus, these objectionable features have been corrected. Lobelia Oil is now of a nearly transparent, greenish color, and a not unpleasant odor. It carries the full activity of former times. In cold weather it may congeal. Should it thicken warm, but do not filter.

STILLINGIA OIL. This was, in times gone by, very unsatisfactory, owing to the fact that the inert red tannate constituent of the drug was prone to separate and thicken, the contents of a bottle often solidifying into a deep brown magma. This resulted in much disturbance to the purchaser. As with Oil of Lobelia, this fault has now been corrected. Stillingia Oil is now a beautiful preparation, pharmaceutically perfect, and therapeutically active.

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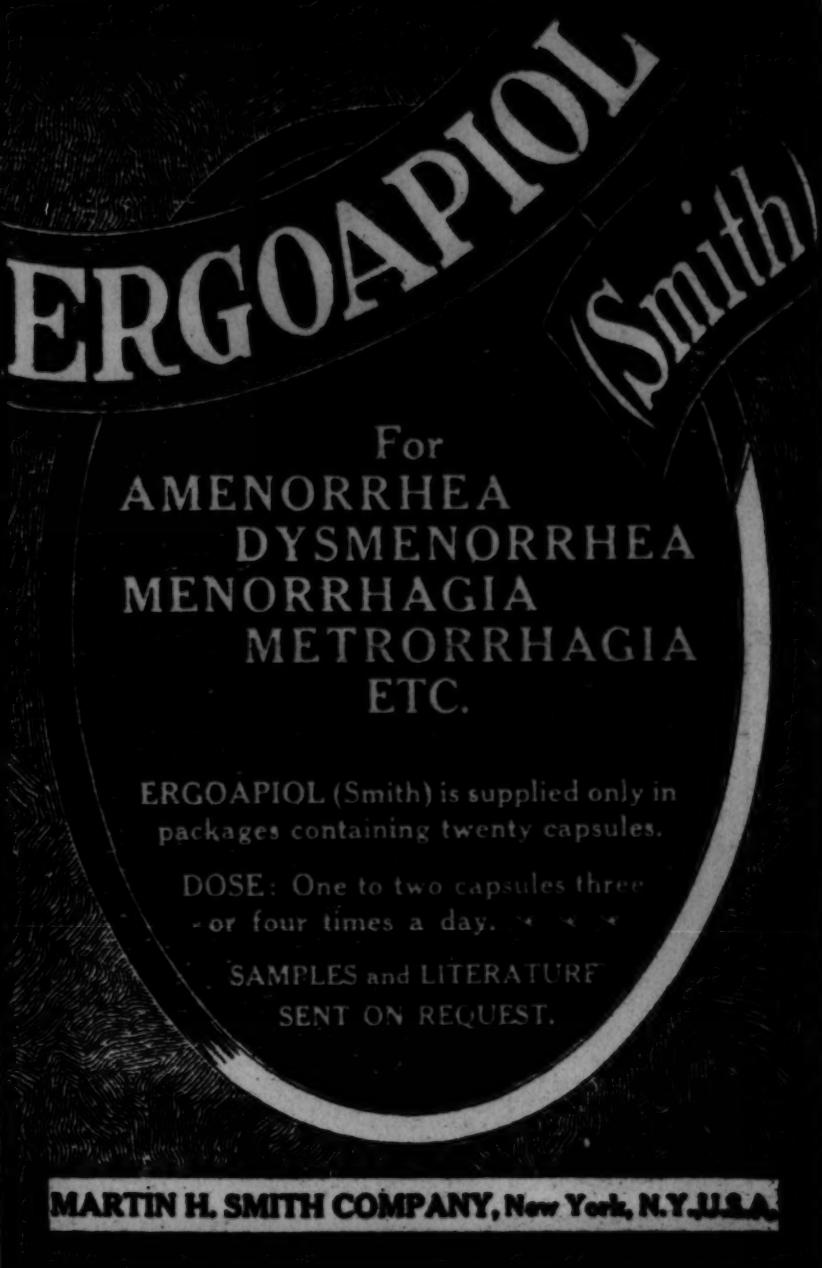
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Table of Contents

ORIGINAL CONTRIBUTIONS:

	Page
Pediatric Hints	D. A. Stevens, M.D. 263
Chronic Interstitial Nephritis.P. M. Welbourn, M.D.	265
Specific Medicine Rhus Tox	H. Ford Scudder, M.D. 268
Specific Medicine Dioscorea	H. Ford Scudder, M.D. 269

EDITORIAL:

The Next Meeting of the National.....	270
---------------------------------------	-----

SELECTIONS:

Macrotyls Racemosa	271
Echinacea, Phytolacca, Iris, and Vegetable Altera-	
tives in the Treatment of Syphilis.....	272
Food for the Growing Child.....	273
Roamed Arizona in Early Days.....	277

SOCIETIES:

A Plea for an Endowed Medical College.....	279
--	-----

NEWS ITEMS	292
------------------	-----

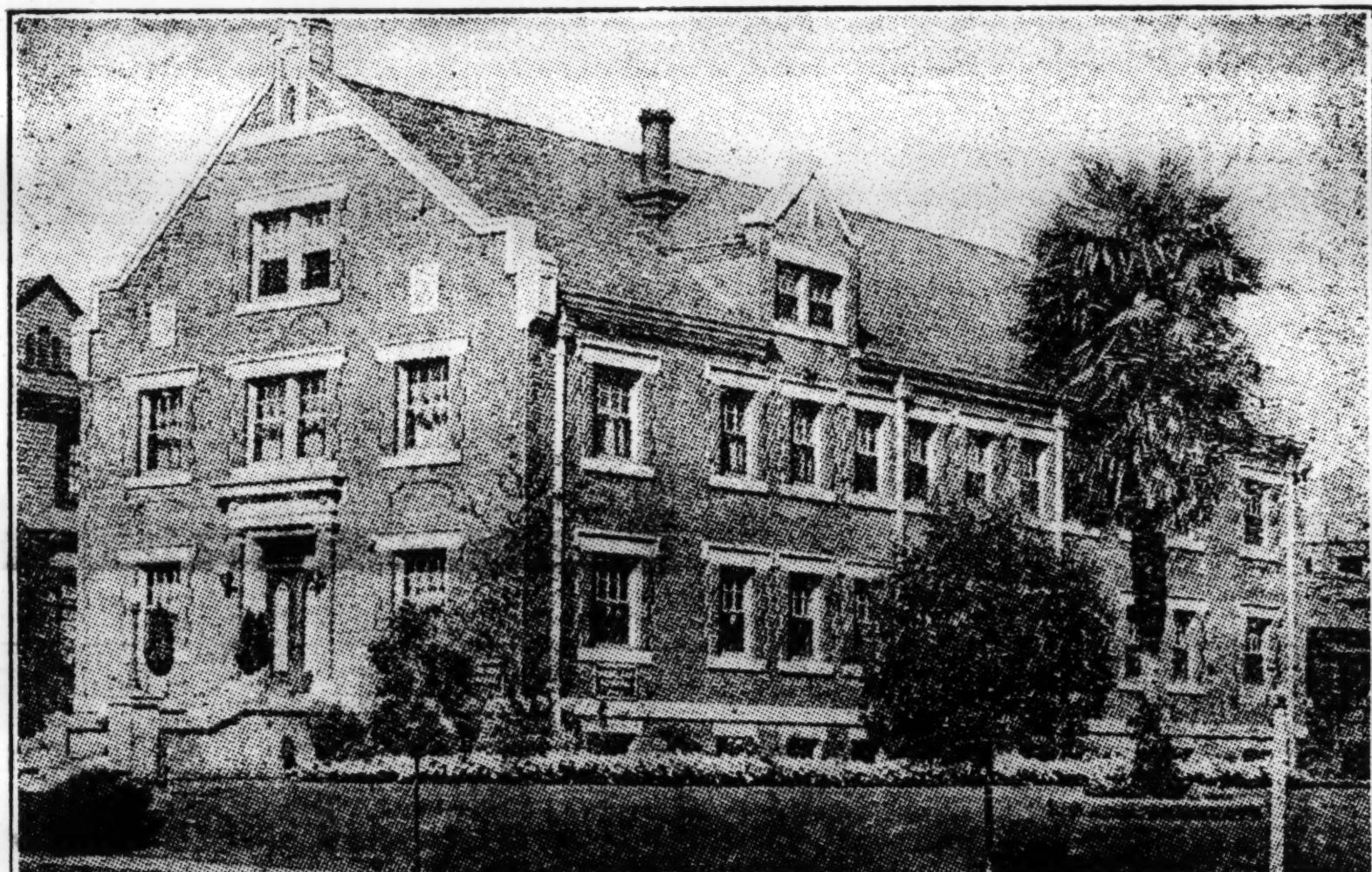
ANNUAL INDEX	295
--------------------	-----

INDEX TO ADVERTISERS

American Apothecaries Co.....viii	Kress & Owen Co.....vii
Antiphlogistine, Denver Chem. Co...i	Lloyd Bros.
Battie & Co.....vi	Lloyd Bros.
Bristol-Myers Co.	National, Wm. N. Mundy, Editor...xii
Chicago Pharmacal Co.....xi	Od Chemical Co.....xii
Dad Chemical Co.....xii	Peacock Chemical Co.....v
Dickinson Drug Co.....v	Pacific Surgical Mfg. Co.....xiii
John B. Daniel.....iv	Parke, Davis & Co.....Cover 1
Eclectic Books	Purdue Frederick Co.....ix
Eclectic Medical College.....iv	Sultan Drug Co.....xi
Eli Lilly & Co.....Cover 2	Westlake Pharmacy
Fellows Co.	Van Horn & Sawtell.....v
Katharmon Chemical Co.....iii	Westlake Hospital

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Retake of Preceding Frame

Table of Contents

ORIGINAL CONTRIBUTIONS:

	Page
Pediatric Hints	D. A. Stevens, M.D. 263
Chronic Interstitial Nephritis.	P. M. Welbourn, M.D. 265
Specific Medicine Rhus Tox	H. Ford Scudder, M.D. 268
Specific Medicine Dioscorea	H. Ford Scudder, M.D. 269

EDITORIAL:

The Next Meeting of the National.....	270
---------------------------------------	-----

SELECTIONS:

Macrotyls Racemosa	271
Echinacea, Phytolacca, Iris, and Vegetable Altera-	
tives in the Treatment of Syphilis.....	272
Food for the Growing Child.....	273
Roamed Arizona in Early Days.....	277

SOCIETIES:

A Plea for an Endowed Medical College.....	279
--	-----

NEWS ITEMS	292
------------------	-----

ANNUAL INDEX	295
--------------------	-----

INDEX TO ADVERTISERS

American Apothecaries Co.....viii	Kress & Owen Co.....viii
Antiphlogistine, Denver Chem. Co...i	Lloyd Bros.ii
Battle & Co.....vi	Lloyd Bros.x
Bristol-Myers Co.v	National, Wm. N. Mundy, Editor...xii
Chicago Pharmacal Co.....xi	Od Chemical Co.....xii
Dad Chemical Co.....xii	Peacock Chemical Co.....v
Dickinson Drug Co.....v	Pacific Surgical Mfg. Co.....xiii
John B. Daniel.....iv	Parke, Davis & Co.....Cover 1
Eclectic Books	Purdue Frederick Co.....ix
Eclectic Medical College.....iv	Sultan Drug Co.....xi
Eli Lilly & Co.....Cover 2	Westlake Pharmacy
Fellows Co.Cover 4	Van Horn & Sawtell.....ix
Katharmon Chemical Co.....iii	Westlake Hospitaliv

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